NEMT RFP Questions

Section 1.1 Page 6

Question 1: Paratransit; Would the state consider restructuring the contract to the Administrative Fee model? For new program models where not a lot of historical data is available (as appears to be the case in Iowa), the Capitated Rate places a lot of risk on the broker. In addition, the Capitated Rate model provides a monetary disincentive for the broker to provide service. One example of a successful Administrative Fee model is Washington State. We note also that Nebraska, going through a transition in its NEMT program similar to Iowa, has elected to start with the Administrative Fee model.

Response: No, the Department believes that bidders' experiences with similar types of brokerages will come to bear on the capitated rates that they bid.

Question 2: TMS; In the second paragraph, it is stated that adjustments will be made for persons who appear on the eligibility list, but who are no longer qualified to receive NEMT services. Regarding this sentence:

a. Is the "adjustment" merely in the number of eligibles or does the Iowa Medicaid Enterprise (IME) intend to adjust the payment to the broker?

   Response: IME intends to adjust payment to the Broker as necessary. However, the payment adjustment will consist of an increased payment for those persons who become eligible during any part of the previous one month for which payment has (already) been made and a decreased payment for those persons whose enrollment in the State's eligibility systems is still "active", but who are not eligible for other reasons, such as death or incarceration.

b. Approximately how many individuals per month does IME anticipate will be deemed ineligible for NEMT Services after the initial eligibility list has been finalized?

   Response: The individuals deemed ineligible for NEMT are Members who have died or are incarcerated (adults or juveniles in state correctional facilities), but whose enrollment in the State's eligibility systems is still "active". NOTE: Both of these projects began approximately the same time (mid-year 2009), so this is all of the data available. The historical numbers are:

Month	# Deceased Individuals	# Incarcerated Individuals
February 2010	60	13*
January 2010	45	36**

December 2009	78	37**
November 2009	66	50
October 2009	36	46
September 2009	63	45
August 2009	34	54
July 2009	26	48
June 2009	56	58

*Incomplete information. Statistics from neither the Iowa Juvenile Home in Toldeo, Iowa, nor the State Training School in Eldora, Iowa are included. These normally total between 29 and 48 incarcerated juveniles each month.

**Incomplete information. Statistics from the Iowa Juvenile Home in Toledo, Iowa are not included.

c. If the IME is intending to adjust the payment to the broker, will the adjustment also reflect any new individuals who are deemed eligible for transportation services after the finalized eligibility list? For instance, oftentimes Medically Needy individuals have to meet spend-down requirements, which may occur mid month. According to page 26, Section 3.3.2.2.2(d), the broker is responsible for transportation services, will these adjustments be made to the broker's payment as well?

Response: The person becoming retroactively eligible would have had to have made their travel arrangements through the Broker, and since the Department's eligibility systems would not have shown them as being eligible (if eligibility is being added to a record retroactively), this would never occur.

However, the payments to the Broker will include additions in those situations where the person had eligibility added for the previous one month, but they were added after the system month-end cut-off. This happens in cases of Members becoming eligible during any part of the month prior to the next system cut-off date. So, the Broker will be paid for one retroactive month in some cases.

d. If the IME is intending to adjust the payment to the broker, how is it expected that the adjustments will be made, will the IME adjust the broker's next monthly payment up or down accordingly, or some other method.

Response: Adjustments will be made in the Broker's next monthly payment for all the additions and deletions.

Section 2.6 Page 8

Question 3: LogistiCare; It is our experience that the initial responses to bidder questions often raise new issues or require follow-up clarification. For that reason, would the Department consider allow a brief period for follow-up questions.

Response: Considering the large number of questions received, the Department has decided to allow a follow-up period for additional questions. Section 2.4 Procurement Timetable will be amended (Amendment 2 to RFP MED-10-011) to add the following:

Second Round of Questions Due……04/05/2010

Response to Second Round of Questions……...04/12/2010

However, only questions that concern a new topic or subject matter will be responded to. Any question duplicated from the First Round will be discarded.

Section 2.11 Page 9

Question 4: LogistiCare; In the first sentence, the RFP uses both "may" and "shall" language, which seems to create an ambiguity. In what ways does not evaluating a proposal (which the Department "shall" do) differ from rejecting a proposal outright (which the Department "may" do)?

Response: The RFP is being amended, via Amendment 2 to RFP MED-10-011, to clarify that: **"**The Department may ~~reject outright~~ **disqualify** and ~~shall~~ not evaluate proposals for any ~~one~~ of the following reasons~~:~~**. The determination of whether or not to disqualify a proposal for any of the stated disqualification factors is at the sole discretion of the Department, and no bidder shall obtain any right by virtue of the Department's election to not exercise that discretion:"**

Section 2.11.11 Page 9

Question 5: TMS ; Please define "unauthorized contact". Does the term "state employee" apply to any employee of the state agency (executive, judicial, legislative branch) or only to employees of the Iowa Department of Human Services?

Response: The RFP is being amended, via Amendment 2 to RFP MED-10-011 to clarify that, "The bidder initiates ~~unauthorized~~ contact regarding the RFP with ~~state~~ **Department** employees **other than the issuing officer."**

Section 3.1.1.1 Page 14

Question 6: LogistiCare; Since the Broker is at risk regarding volunteers and/or gas reimbursement to members' family and friends, will the Department allow the Broker to set these rates going forward? The same question applies to the maximum and/or minimum cost per mile reimbursed to facilities.

Response: Yes, it is the Department's intention to allow the Broker to set all NEMT reimbursement rates. Note, the Department's policy specifically requires nursing facilities to provide their own medical transportation and include these costs in their cost reports.

Question 7: TMS; Please verify that this paragraph allows individual Medicaid members to transport themselves for a mileage reimbursement fee.

Response: If the Broker approves it, Medicaid Members/Individuals/Volunteers may transport themselves for reimbursement at a mileage reimbursement rate established by the Broker.

Section 3.1.1.2 Page 15

Question 8: LeFleur; Please define "Transportation Agencies" and describe how they are different from "Network Providers" identified in Section 3.3.2.1.3 (Page 22)?

Response:

Transportation Agency: Any agency (for-profit or non-profit) that provides transportation services.

Network Provider: A transportation agency or provider who the Broker has on their provider panel.

Question 9: AMR; This section makes note of the fact that if transportation providers prefer to be paid directly from the Department, they must be enrolled as a State of Iowa vendor. In other State procurements, the method of payment to providers has been left up to the discretion of the broker; will this procurement be handled in this manner? If not, does the State anticipate having many transportation providers enroll directly with DHS?

Response: This section is describing the current system. With the implementation of a brokerage system, the Broker will be responsible for reimbursing providers.

Question 10: LogistiCare; Can you please provide the claims data and cost information contained in the utilization data table trended on a monthly basis by type of transportation provided?

Response: As mentioned in the third paragraph, last sentence, on page 15, "The number of claims reimbursed each month are the only items tracked." The Department does not track by "type of transportation."

Question 11: LogistiCare; Does the "Dollar amount" shown contain any administration dollars or does it represent the amounts that were paid directly to transportation providers for NEMT services?

Response: The "Dollar amount" as shown in the utilization data table on page 16, represents the total dollars paid directly to providers or Members for NEMT services.

Question 12: LogistiCare; We understand the term "transportation agency" as used in this section to refer to all organizational providers, whether they are transit agencies, non-profit groups, or commercial transportation companies. Is this correct? If not, please clarify.

Response: That is correct.

Question 13: MTM; Please clarify the 3rd sentence in the last paragraph. "*If the transportation provider would like to be paid directly from the Department, they must be enrolled as a State of Iowa vendor (through the Department of Administrative Services, State Accounting Enterprise*)."

Response: This sentence is describing the current system. With the implementation of a brokerage system, the Broker will be responsible for reimbursing providers and this would become obsolete.

Page 16

Question 14: LogistiCare; Do the claims and cost data in this section refer to total NEMT claims for members covered under this RFP? If not, please clarify what is missing from this data.

Response: Yes, it covers all payments for NEMT claims.

Question 15: LogistiCare; As used in the NEMT utilization data and exhibit G, can you please define "# of Claims"? (One-way trip, round trip, etc.)

Response: # of claims means the number of individual claims for reimbursement for NEMT services provided to a Medicaid Member for one individual trip.

Question 16: LogistiCare; Are the monthly payment to the Brokers going to be based on the number of Eligible Members (all Medicaid lives as provided in the RFP data) or will it be based on the number of Members Eligible for NEMT Transportation?

Response: The monthly payment to the Broker will be based on a count of individuals eligible for NEMT for the month, with additions or deletions described in the responses to Question 2.

a. If the latter (number of Eligible for NEMT Transportation) can the Department provide this figure for the last three years or the percentage of the total? A PMPM based on a larger number will not cover the Broker cost if the Department's planning is based on the smaller number.

Response: See Section 3.1.1.2. Three years of data (for eligible Members) is provided on page 16. Also, see attachment "Addendum One to First Round Questions, Historical NEMT Expenditures".

b. Please clarify whether the Department will be reimbursing based on a head count of eligible members at the beginning of the month or based on a daily eligibility count of member days? (Meaning 20 days for member A and 10 days for member B equates to one full member for the month).

Response: The monthly payment to the Broker will be based on a count of individuals eligible for NEMT for the month, with additions or deletions described in the responses to Question 2.

Question 17: TMS; Regarding the number of claims listed.

a. Are these claim numbers the number of one-way trips provided or the miles traveled?

Response: They are the number of individual NEMT claims, which include all types.

b. If it's a combination of both, can these claim numbers be separated out to show how many are trips and how many are miles travelled, with the corresponding dollar amount?

Response: No.

Section 3.2.1.4 Page 17

Question 18: LogistiCare; The requirement to track *detailed cost data* on meals and lodging (item c.7) seems to be inapplicable to this capitated contract. This is a minor component of overall NEMT program expense, and there is no other requirement anywhere in the RFP for the

Broker to maintain a specific kind of cost data. Would the Department therefore please consider eliminating this data collection requirement?

> **Response:** No. The IME requires this information so, going forward, the information will be available to track trends, develop policy, and for oversight.

Question 19: LeFleur; Are the fees for meals, lodging and air travel paid from the capitated fee received by the Broker, or are they in addition to the capitated fee?

> **Response:** All transportation, meals and lodging will be reimbursed by the Broker from the capitated fee.

Question 20: LeFleur; Can you provide the amounts paid for meals, lodging and air travel for the last two years?

> **Response:** See RFP Section 3.1.1.1, page 15, "...The number of people reimbursed for transportation and claims paid each month are the **only items tracked**." (emphasis added)

Section 3.2.1.4.c.4 and 3.2.1.4.c.5 Page 17

Question 21: LogistiCare; Please define pick-up and drop-off "verification"?

> **Response:** As stated in the RFP, it is the Broker's responsibility is to assure Members are picked up and dropped off for their medical appointments within the prescribed timeframes. The Broker is responsible for keeping accurate data detailing pick-up and drop-off times. In section 3.3.2.3.4.d and e, there are performance standards around pick-up and arrival times. The Broker should receive this information from the Network provider and have some kind of verification methodology to support the data.

Section 3.2.1.4.c Page 17

Question 22: MTM; It appears as the number is not correct in this section. Items 1- 7 a-f can be handled from a database but items 7 g- o would not be required to be database driven.

> **Response:** Section 3.2.1.4(c)(7) includes sub-items "a)" through "d)" only.

Section 3.2.1.4.e Page 18

Question 23: LogistiCare; Does the web billing system need to be open to all provider types, e.g., taxi cabs?

> **Response:** Yes, any person or entity that intends to bill for NEMT services.

Section 3.2.1.4.m Page 18

Question 24: LogistiCare; Please describe what you mean when you specify that quarterly reports must be "available electronically"? Does this mean you want the reports sent in electronic files through secure email or that they must be available on a web site?

> **Response:** It means reports are required to be submitted to the Department electronically, either through secure email or another appropriate and approved method.

Section 3.2.1.5.b.3 Page 19

Question 25: LogistiCare; Please provide a description of what you mean in the statement "The database will be updated monthly"? Is this the Bidder's enterprise system or some other database that the Bidder will submit to the Department?

> **Response:** This performance standard relates to the database for tracking NEMT as described in section 3.2.1.4(c). Monthly reports will be developed from this database.

Section 3.2.1.5 c Page 19

Question 26: AMR; What data elements are required for the annual performance report?

> **Response:** The annual performance report will address each and every performance standard for the previous state fiscal year. It will also provide a comprehensive, all inclusive summary of the activities, goals, corrective action plans, etc. that the Broker has undertaken in the previous state fiscal year.

Section 3.2.2.a Page 19

Question 27: LogistiCare; Doesn't the requirement in this section for the Broker to accept transportation requests via "electronic mail" break HIPAA rules or is this referring to a request via a secure web site?

> **Response:** Incoming electronic mail to the Broker is not a violation of HIPAA rules.

Question 28: LogistiCare; What is the Department's advance notice standard? We recommend 3 business days from the member or member's representative initial notification.

> **Response:** The Department's will amend, via Amendment 2 to RFP MED-10-011 the RFP to state that the advance notice standard will be three business days and anything less will be considered urgent care.

The first paragraph of 3.2.2 of the RFP will be amended to: "The basic steps the Broker will follow in arranging **advance notice** transportation **(i.e. advance notice is defined as three (3) or more business days or more than 72 hours. Urgent care is defined as any transportation less than 72 hours.),** verifying eligibility, and, if applicable, reimbursing transportation providers for services, are as follows:"

Section 3.2.2.b Page 19

Question 29: LogistiCare; Will the Department consider providing the Broker with a recurring file of eligible members every month so the members can be loaded to the Broker's system for speed of handling transportation requests?

Response: Yes

Section 3.2.2.c Page 19

Question 30: LeFleur; What is the current method of assessing eligibility for transportation services as defined in 441 IAC 79.13?

Response: All Medicaid Members are eligible for NEMT services, except those Members listed in Section 3.3.2.2.2.

Question 31: TMS; The program requirements as defined in 441 IAC 78.13 appear to exclude in-city Medicaid transportation, and only allows transportation to receive care outside of the city of residence. Regarding this requirement:

a. Please verify this is an accurate analysis of the requirements outlined in 441 IAC 78.13.

Response: That is the correct interpretation of the rule as it is written currently. The Centers for Medicare and Medicaid Services (CMS) indicated that Iowa is not in compliance with 42 CFR 431.53 by not allowing transportation for services inside the Member's city of residence. (See revised policy at Addendum Two to First Round Questions, DRAFT Rules 441—78.13.)

The Department doesn't believe this change will increase demand for transportation to a great extent, though, as the objective of contracting with a Broker is to provide management and oversight of Iowa's NEMT program. The Broker will make all the arrangements, including approvals and denials, for medical transportation. The Broker will confirm that the transportation is required for medical exams and treatment. The Broker will determine the appropriate mode of transportation for the Member.

Currently, there is no centralized management of the program. Members regularly determine their own modes of transportation and turn in mileage claims to their Income Maintenance Workers for personal reimbursement, or transportation agencies bill the

State directly after a Member has received transportation services. It has only been recently (December 1, 2009) that the Department placed a cap of $1.40 per mile on the mileage reimbursement for transportation agencies. Previous to that, transportation agencies were billing the Department in excess of $1.40 per mile to transport Medicaid Members. The operation of the program in this manner has not been cost-effective. Additionally, the Department believes that in its current unmanaged state, potential abusive situations are occurring in the program, for which the Department has limited resources to investigate, such as mileage claims being submitted for transportation unrelated to obtaining medical exams and treatment.

Essentially, the Department believes that a brokerage system can operate much more cost-effectively than Iowa's current program, even by allowing transportation for services inside the Member's city of residence, by virtue of the efficiencies, economies of scale, and oversight that a brokerage system will bring to bear on the program.

b. If this is not an accurate assessment of 441 IAC 78.13, please outline how this code is to be followed.

Response: See the response to Question No. 31a.

c. Are Members who request a bus pass or daily token and live within a city and are traveling to a Medicaid compensable service within city limits exempted from this requirement?

Response: See the response to Question No. 31a.

d. Are members who drive themselves and are traveling to a Medicaid compensable service with the city where they live allowed to be reimbursed for mileage?

Response: See the response to Question No. 31a.

e. Are persons with disabilities who are traveling to a Medicaid compensable service within the city where they live exempted from the requirement?

Response: See the response to Question No. 31a.

Section 3.2.2 d Page 19

Question 32: AMR; This RFP apparently specifies 100% confirmation of medical appointments with the service provider. Is this correct or is some form of statistical random auditing acceptable?

Response: Section 3.2.2, item "d" will be removed, per Amendment 2 to RFP MED-10-011. This is being removed in recognition of the fact that it will be in the Broker's best

interest to insure that the transportation being requested is necessary for the medical exam or treatment for the care of the Member. The manner in which this will be confirmed will be at the discretion of the Broker.

The amendment will read: "~~d. The Broker will verify the transportation need by confirming the medical appointment with the service provider.~~"

Question 33: LogistiCare; Will the Broker be expected to confirm 100% of medical appointments or would an audit of 10 to 20% suffice?

Response: See the response to Question No. 32.

Question 34: LeFleur; Is it a requirement to verify all appointments with the client's health care provider? This will not be feasible or effective for short notice trips.

Response: See the response to Question No. 32.

Question 35: TMS; Please outline how the confirmation will occur and the level of confirmations that IME is requesting. Verifying each and every appointment can be quite time consuming and costly.

Response: See the response to Question No. 32.

Question 36: TMS; Many Medicaid beneficiaries that we currently service use "repetitive" transports. Dialysis patients, for example, travel three times per week from the same address to the same facility. May the Broker confirm standing orders or multiple appointments at one time with the medical facility?

Response: See the response to Question No. 32.

Question 37: TMS; We have encountered this requirement in other markets, and individuals that answer phone calls at some medical facilities sometimes refuse to confirm or deny a medical appointment for a Medicaid beneficiary on the grounds that to do so would constitute a HIPAA violation. What should the Broker do if a staff member cites HIPAA as a reason for refusing to answer the question?

Response: See the response to Question No. 32.

Question 38: MTM; Would the State remove the requirement of confirming medical appointments? A broker has many systems in place to root out and prevent fraud. This will increase the time members are on the phone and medical providers will often not provide this information over the phone for patient security and HIPAA regulations.

Response: See the response to Question No. 32.

Section 3.2.2(g) Page 19

Question 39: TMS; We have encountered and utilized this procedure of allowing transportation providers the opportunity to accept or reject trips prior to execution before. We found that it is very difficult to maintain this procedure if the Broker has less than one business day's advanced notice of a trip. If the Broker has two or more days advanced notice, it can be maintained effectively. However, on a same day or next business day basis, there simply is not enough time to allow the providers to selectively choose their trip assignments. Will the Department allow the Broker to assign trips to providers on short notice as a condition of participation in the Broker's transportation network?

Response: See response to Question No. 28.

Question 40: TMS; Please define "sufficient time".

Response: See response to Question No. 28.

Section 3.2.2.j Page 19

Question 41: LogistiCare; This section says "Broker or transportation company re-confirms the pick-up with the Member…" Is this requirement currently in place? Who currently selects the transportation company that will service the member?

Response: There is no requirement currently. Currently, the Member selects his/her own mode of transportation, sometimes with the assistance of the DHS Income Maintenance Worker.

Question 42: TMS; a. Will the IME consider removing the requirement to verify 24 hours in advance? The broker will be solely responsible for all transportation and is fully at risk on the contract. The broker should develop adequate no-show prevention techniques, which generally affect only a small percentage of clients. However, keeping this requirement in to notify all Medicaid clients will cause the cost proposal to be higher.

b. If no, are the current transportation providers re-confirming each pick-up 24 hours ahead of the scheduled appointment time today?

c. If no, does leaving a voice mail or message at the beneficiary's phone line constitute a complete reconfirmation? What do we do if we call the beneficiary more than one and get no answer?

Response: Section 3.2.2, item "j" will be removed, per Amendment 2 to RFP MED-10-011. This is being removed in recognition of the fact that it will be in the Broker's best interest to insure that Members remember their appointments and pick up times. The manner in which this will be confirmed will be at the discretion of the Broker.

The amendment will read: ~~j. The Broker or transportation provider re-confirms the pick-up with the Member or his or her representative 24 hours ahead of the scheduled appointment to reduce the possibility of a no-show.~~

Section 3.3.1.1 Page 20

Question 43: LogistiCare; Will the Department provide a monthly eligibility download which becomes the basis for the payment made to the Broker? And if so, by what day of the month will the download be made?

Response: Monthly eligibility will be the basis for the payment to the Broker. (See the response to Question No. 2.)

Eligibility data used for assessing the Member's eligibility for transportation services will be provided by one of three methods:

1) Direct access, if the successful bidder decides to locate its call center within five miles of the Iowa Medicaid Enterprise facility, which is located at 100 Army Post Road, Des Moines, Iowa.

2) File transmitted by secure FTP. A full file, with updates, can be transmitted daily.

3) Secure web application.

Question 44: TMS; Will the computer equipment include appropriate and licensed software applications (such as Microsoft Word, Excel, etc.) and all connection equipment (cables, etc.)?

Response: Desktop computers and printers will be provided only to the extent that the successful bidder will be directly accessing State systems by locating its call center within five miles of the Iowa Medicaid Enterprise facility, which is located at 100 Army Post Road, Des Moines, Iowa. If the successful bidder decides to locate its call center in another Iowa city or State, direct connectivity to Iowa's systems will not be possible. Therefore, desktop computers and printers will not be provided to the successful bidder. The Department currently provides a standard menu of software for every computer owned by the State, which includes Microsoft Word and Excel, and all connection equipment.

Section 3.3.1.1 d Page 20

Question 45: AMR; This RFP states that it is the responsibility of the state to provide computer equipment which includes desktop computers and printers for State staff, is this correct?

> **Response:** Desktop computers and printers will only be provided to the extent that the successful bidder will be directly accessing State systems by locating its call center within five miles of the Iowa Medicaid Enterprise facility, which is located at 100 Army Post Road, Des Moines, Iowa. If the successful bidder decides to locate its call center in another city and State, direct connectivity to Iowa's systems will not be possible. Therefore, desktop computers and printers will not be provided to the successful bidder.

Question 46: LogistiCare; Is the Department planning to supply the computer equipment to the Broker?

> **Response:** See the response to Question No. 45

Section 3.3.1.1.e Page 20

Question 47: LogistiCare; Can the Department provide additional information on the systems the Brokers will use to verify member eligibility? Is it a secure website or do users have to access the Departments MMIS system?

> **Response:** The Eligibility Subsystem of the MMIS is the source of information that the Department will make available to the Broker to verify member eligibility. Access will be obtained through one of two methods:
>
> 1) File transmitted by secure FTP.
>
> 2) Secure web application.

Section 3.3.1.2 Page 20

Question 48: LogistiCare; Which program functions are required to be performed in the Iowa business office? In particular, must M-F, day time reservations calls be processed by call center staff located in the Iowa office?

> **Response:** The Business Office must be located in Iowa, as required in Section 3.3.1.2(b). However, the call center can be located in another State, but cannot be located outside of the United States.

Question 49: MTM; Section 3.3.1.2. asks the Broker to develop an alternative access plan for rural areas or where services may not readily be available.

I. What counties or areas are currently deemed to not have enough Medicaid transportation providers?

Response: The Department has never studied this issue, so no information is available. However, the alternative access plan must be developed by the Broker in order for the Department to insure that the Broker is in compliance with 42 CFR 440.170(a)(4)(ii).

II. Can the Broker use its own vehicles to fill this need and be part of the plan if it meets 42 C.F.R. 440.170(a)(ii)(B)?

Response: Yes, if the Broker meets all the federal requirements.

Section 3.3.1.2(b) Page 20

Question 50: Paratransit; Is it a requirement for the NEMT Call Center to be located in Iowa, or just a business office?

Response: The call center can be located in another State, or in another city within Iowa, but cannot be located outside of the United States. The Business Office must be located in Iowa, as required in Section 3.3.1.2(b).

Question 51: MTM; Can the call center be located in a state other than Iowa? Is there any preference for being located in Iowa?

Response: The Call Center can be located in another State, but cannot be located outside of the United States. The Department would prefer the call center be located in Iowa, but scoring for the RFP does not hinge on this.

Question 52: LogistiCare; Can the Department provide additional information on the required wiring specifications and other potential expenses for connecting to its systems?

Response: See response to Question No. 47. If a secure web application is utilized, a standard Internet connection will be required.

Question 53: TMS; Please provide the wiring specs for connectivity with DHS systems.

Response: See response to Question No. 47. If a secure web application is utilized, a standard Internet connection will be required.

Question 54: MTM; Please define the wiring specs for connectivity.

Response: See response to Question No. 47. If a secure web application is utilized, a standard Internet connection will be required.

Section 3.3.1.2.c Page 20

Question 55: MTM; Please clarify what information is to be included in the Network Plan? Is this just a listing of contracted transportation providers?

> **Response:** The Network Plan consists of the names, locations, areas of operation and contact information of the Broker's provider panel. Additionally, the Plan must include an alternative access plan for rural areas or where services may not be readily available.

Section 3.3.1.2.d Page 20

Question 56: LogistiCare; Does the call center have to be in Iowa or just the central business office?

> **Response:** See the response to Question No. 50.

Section 3.3.1.2.e Page 20

Question 57: LogistiCare; Can the Department provide additional information on the purpose and use of the "electronic claim form"? Is this a standard claim submitted in an 837P format file?

> **Response:** The Department's intent is for a web-based, fillable claim form be available to transportation providers for submitting claims to the Broker at a secure website. This is not a standard claim submitted in an 837P format file.

Section 3.3.2.1.2 Page 21

Question 58: LogistiCare; In our experience, it is unusual for an NEMT program to require that N.O.D letters be sent to persons whose requests for service have been *approved.* Unlike denial letters, we do not believe that federal Medicaid requirements mandate such notices, which will create an additional administrative cost for the program. Would the Department consider eliminating this requirement?

> **Response:** The requirement that NOD's be sent to <u>all</u> Medicaid Members who qualify, even those who are approved, is being removed, per Amendment 2 to RFP MED-10-011. With this amendment, only Members who are denied services will receive a NOD.
>
> The amendment will read: "b. The Broker will send a Notice of Decision (NOD) letter to all Members who have ~~requested~~ **been denied** NEMT services. ~~These NOD's will either approve or deny the service.~~ When the Broker has denied any Member's request, the NOD letter must be post marked within 72 hours of the request.

1. The Broker will develop **a** NOD letters ~~approving and~~ **template** denying NEMT services. In a letter of denial, the Broker must cite the applicable administrative code section. The letter will also identify the Member's appeal rights as provided in 441 Iowa Admin. Code chapter 7. Please see 3.3.2.1.2.1 Notice of Adverse Action for Service Authorizations."

Question 59: LeFleur; Will the Department amend this section to require NODs only when service is denied?

Response: See the response to Question No. 58.

Section 3.3.2.1.2.b Page 21

Question 60: AMR; This RFP states that the broker will send a Notice of Decision letter to all members who have requested NEMT services for both approved and denied trips. Sending NODs for approved trips is a very costly process. Would the State consider amending the RFP to only include denied trips when sending notice of decision letters?

Response: See the response to Question No. 58.

Are return trips exempted from this requirement?

Response: See the response to Question No. 58.

Will the State consider allowing notification of decisions to be made via telephone or e-mail; since mail will be costly, untimely and inefficient?

Response: Yes, if appropriate and applicable.

Question 61: LeFleur; Is it a requirement to send a letter for every single booking? This will not be feasible or effective for short notice trips.

Response: See the response to Question No. 58.

Question 62: TMS; Will the IME consider removing the requirement of sending NOD's if the member has been deemed eligible for service verbally over the phone?

Response: See the response to Question No. 58.

Question 63: MTM; Please remove the requirement of NOD for approval of trips. The member will be notified during the time of the call that their trip was approved and their scheduled pick up time.

Response: See the response to Question No. 58.

Section 3.3.2.1 Page 21

Question 64: AMR; Will the State provide a list of all Medicaid Transportation Providers currently working for the State to include company name, phone number and address?

Response: Yes, see the attached "Addendum One to First Round Questions, Historical NEMT Expenditures".

Section 3.3.2.1.2.1.2 Page 22

Question 65: AMR; What are the prevalent non-English languages in Iowa?

Response: Spanish

Section 3.3.2.1.3 Page 23

Question 66: AMR; Public Transit agencies typically do not contract with a Broker specifically for NEMT services. Would the State consider amending Public Transit agencies as a contract entity?

Response: The RFP is being amended, per Amendment 2 to RFP MED-10-011, to change the term "subcontract" with transportation providers to establishing a "provider panel" of transportation providers. That panel of providers should include Public Transit agencies, when appropriate. It may often be the case that the broker may simply purchase discount fare for Medicaid Members in advance without entering into a formal contract with such Public Transportation agencies, but there may be appropriate circumstances in which the broker may need to contract with Public Transportation agencies, and the Department encourages the broker's efforts in working with Public Transportation agencies in this regard.

The amendment will read: "…The Broker will ensure the provision of necessary NEMT services by establishing a ~~network of providers or~~ **provider panel**. ~~through the use of subcontracts~~. ~~These providers are~~ **This provider panel will be** referred to in this RFP as "Network providers"."

"The Broker will ~~subcontract~~ **develop a provider panel** with Public Transit agencies…"

Question 67: AMR; The RFP includes ambulance and air ambulance as a level of services, to what extent will these be used?

Response: Because of limited resources, sometimes an ambulance has been required to transport a Member, such as obese, bedridden individuals. The Department is expecting the Broker to develop a variety of modes of transportation.

In addition, the RFP is being amended, per Amendment 2 to RFP MED-10-011, to note that the cost of air transport will be paid directly by the Department and such transport will not be part of the capitated payments made to the broker.

The amendment will read: **"(Note: The Department will review and reimburse for air ambulance service.)"**

Question 68: LogistiCare; Does the phrase "limits on service" as used in this section refer to the normal criteria a Broker may use to deny, in whole or in part, a service request (criteria such as covered service, medical necessity, closest provider, other available transport, medical provider credentials, etc)? If there are some other kinds of "limits on service" that the Broker is expected to impose, could you please explain what they are?

Response: The Department is currently modifying its State Plan and administrative rules regarding appropriate limits placed on transportation. The current draft of the rules will be posted along with the answers to these questions. The Department envisions that the broker will exercise a certain degree of discretion in imposing reasonable limits on transportation that will focus on the patient's proximity to Medicaid providers who are available to address the patient's needs.

Question 69: LeFleur; Will all transportation providers used in the NEMT program be contracted with and paid by the Broker?

Response: The RFP is being amended, per Amendment 2 to RFP MED-10-011, to distinguish between subcontractors of the broker and members of the broker's transportation provider panel. Members of the broker's provider panel will need to contract with the broker, and the broker will pay all claims of these transportation providers. See response to Question No. 66.

Question 70: TMS; Please verify that public transit providers, airline, and volunteers are not required to sign a subcontract (paragraph 1 of this section).

Response: See response to Question Nos. 67 and 69 regarding the distinction between subcontractors and being members of the broker's provider panel. Members of the broker's transportation provider panel will need to sign agreements with the broker to the extent that the relationship between the broker and the transportation provider would require a formal agreement. Most transportation providers will need to be under contract and will need to agree through such contract to abide by patient confidentiality obligations imposed on the Department. While the Department does not wish to dictate how the broker will implement the obligation to have the transportation provider under an appropriate agreement, the Department would note that the vast majority of Iowa

Medicaid providers register for the Medicaid program through an on-line enrollment process that creates an agreement through purely electronic means in compliance with Iowa Code chapter 554D. The NEMT broker may choose to implement a similar process.

Question 71: TMS; In the second paragraph on this page, it states the public transit provider may accept the trip or deny it. We fully understand and support the Transportation Coordinating Council efforts in Iowa. Our company is very active in other states coordination efforts and we would like a little more clarity on this language, the clarification requested includes:

a. Brokers are required to have a subcontract with transportation providers, and then the trip scheduling is usually based on the quality of the provider, the location of provider and the trip rate. If the public transit provider is a subcontracted Network Provider with the broker, are we to assume that this section requires all trips within the public transit provider's area of service must go to the public transit provider first, before all other vendors?

Response: Only if public transit is appropriate. The second paragraph states, "the Broker will use fixed route public transit service whenever possible and appropriate to the need and ability of the Member." "If public transit is appropriate, the Broker will allow the public transit provider first choice…" If another provider in the area is less costly, but meets the needs of the Member, the Broker may choose the more cost effective transportation provider.

b. If yes to the above question, please consider at least 48 to 72 hour advance notice to schedule trips in order to allow for sufficient time for the public transit provider to coordinate their services properly. And, if the public transit provider denies the trip, enough time for a back-up provider to be obtained.

Response: The Department will promote the proposition that members schedule transportation with as much advance notice as possible, but the Department declines to establish a bright-line rule because some transportation needs develop close to appointment dates.

c. If the public transit provider has a higher trip rate than other qualified vendors, how is this situation to be handled? It is our understanding Iowa is seeking cost savings.

Response: See response to Question No. 71a.

d. If the selected broker and public transportation provider have not formed a subcontracted arrangement with each other, who will this section apply?

Response: See the responses to Questions Nos. 67-69. All transportation providers will need to be part of the Broker's panel to obtain compensation through the NEMT brokerage process. In some cases, the Broker may elect to purchase prepaid

transportation cards or tokens that can then be distributed to Medicaid recipients, in which case the Broker may not need a formal contract to make such a purchase.

Question 72: TMS; The last sentence states "The Broker must subcontract only with providers that meet the following requirements and are approved by the IME." Does this apply to fixed route bus drivers or volunteer provider/drivers?

Response: This sentence of the RFP will be amended, per Amendment 2 to RFP MED-10-011, to note that Iowa Medicaid will not pre-approve the transportation Broker's provider panel. The requirements that follow the sentence relate to all network or "commercial" transportation providers. The Broker's responsibilities related to volunteers begin in Section 3.3.2.1.4 of the RFP.

The amendment will read: "**The Broker's provider panel** ~~The Broker~~ must ~~subcontract only with providers that~~ meet the following requirements ~~and are approved by the IME~~:

Question 73: MTM; First paragraph. Typically Public Transit agencies will not contract with brokers. They will work collaboratively but not sign any contracts. Would a letter of agreement suffice?

Response: Some form of modified agreement may be acceptable where appropriate, as long as the agreement meets certain minimal requirements, such as the prohibition against compensating for transportation provided by a driver on an exclusionary list, such as www.epls.gov, and the obligation to maintain the privacy of Medicaid members for whom transportation is being provided. See response to Question Nos.

Section 3.3.2.1.3.1 Page 24

Question 74: LeFleur; Can the Broker mandate criminal background checks, child and dependent adult background checks and random drug and alcohol screenings for all drivers?

Response: Yes, and bidders are encouraged to do so.

Section 3.3.2.1.3.1.c Page 24

Question 75: TMS; For the pre-employment drug screening, does this apply to drivers that are currently employed by transportation providers servicing Medicaid beneficiaries? Must all current drivers for all current transportation providers show proof of a pre-employment drug screening prior to admission to transportation network or will they be grandfathered in?

Response: NEMT Network Transportation providers will need to contractually commit to comply with drug screening obligations of this RFP.

Section 3.3.2.1.3.1(e) Page 24

Question 76: TMS; This item is at the discretion of the transportation provider, correct?

Response: Yes

Section 3.3.2.1.4 Page 25

Question 77: LogistiCare; The Driver and Vehicle standards in this section seem to relate to Members/Friends/Volunteers driving the Member instead of commercial providers. Is the Department suggesting that if the Member drives themselves or arranges transportation with a friend that will be requesting reimbursement, the Broker must have inspected the vehicle and done a minimal background check on the friend? If so, can this be handled by securing an affidavit from the Member?

Response: It is expected the Broker will have an affidavit or statement on the claim forms that the person driving will have to sign attesting to the fact that they meet the standard driver and vehicle guidelines.

Question 78: LeFleur; What are the insurance guidelines for Members/Individuals/Volunteers?

Response: See section 3.3.2.1.4.2, item "b", Standard Vehicle Guidelines. "All vehicles: b. Must have proof of financial responsibility maintained on any vehicle used to transport Iowa Medicaid Member as required by law. The Broker shall confirm compliance with applicable financial responsibility and/or insurance requirements, which may include Iowa Code chapter 321A, and 761 IAC 910.5(1)."

Question 79: MTM; Please remove the requirements of this entire section for Member and Individuals driving themselves. These requirements are not standard for mileage reimbursement of members or individuals driving themselves or friend/family. These requirements could be applied to paid volunteer drivers.

Response: This section will not be removed.

Section 3.3.2.1.3.1 & 3.3.2.1.4.1 Page 23-24

Question 80: AMR; Will drivers for commercial providers be required to possess a Chauffeur's license?

Response: See section 3.3.2.1.3.1, item "a" and section 3.3.2.1.4.1, item "a" Standard Driver Guidelines. "All drivers: a. Must possess a current valid driver's license with no restrictions other than corrective lenses."

Question 81: MTM; Will the transportation company have to provide car seats and/or booster seats to any children who are traveling?

Response: See section 3.3.2.1.3.1, item "h" and section 3.3.2.1.4.1, item "e" Standard Driver Guidelines. "Must use passenger restraint devices as required by law."

Section 3.3.2.1.5 Page 26

Question 82: LogistiCare; Once the implementation period is complete (roughly six months), and the network has stabilized, can the Network Plan be provided on a quarterly rather than monthly basis?

Response: This type of change would be handled as an Amendment and won't be known until such time as the Department determines that an amendment is in order.

Section 3.3.2.2.1 Page 26

Question 83: LogistiCare; Please explain when a member can become Medicaid eligible (beginning of the month, end of month or any day during the month).

Response: On any business day that State offices are open.

a. Does the Department retroactively add/or delete members?

Response: The Department retroactively adds Members, but does not retroactively delete Members because of federal timely notice requirements.

b. Will the Broker be paid for retroactive membership?

Response: See the response to Question No. 2.

c. Is the Broker responsible for transporting members that are "Pending"?

Response: No

d. Can the Department provide the number of their Members listed in the RFP that are considered in the "under spending category"?

Response: The Department does not understand what this question is referring to.

Section 3.3.2.2.2 a-d Page 26

Question 84: AMR; Are any of the annual M-Card Members described earlier included in this group?

Response: No

Question 85: LogistiCare; Have service eligibility rules changed in any significant way over the past year? Will eligibility rules under the Brokerage be any different from what they are now?

Response: Iowa added presumptively eligible children, effective March 1, 2010. We cannot anticipate (other) eligibility changes at this time, however, those Members listed in section 3.3.2.2.2 who are not eligible for NEMT services will not change.

Question 86: MTM; Please clearly define the population covered under this RFP. Will the bidder be transporting the following populations? ABD, IDD/MRDD, and special needs children.

Response: All Medicaid-eligible Members requesting non-emergency medical transportation which is necessary for medical examinations and treatment are eligible, except for those Members specifically excluded as explained in section 3.3.2.2.2.

Question 87: LogistiCare; It is our experience that the process of determining the eligibility of members can be greatly streamlined by providing the Broker with a regular download of eligibility data. Would the Department consider providing such a data file to the Broker?

Response: Yes

Section 3.3.2.3.2 Page 27

Question 88: LogistiCare; Does the Department have a sense of which non-English languages may be prevalent such that the call center should be staffed to handle the required volume in that language?

Response: Spanish

Section 3.3.2.3.2.c Page 27

Question 89: LogistiCare; Where are these telephone numbers currently listed now, so that we may inquire how these current listings can be retained?

Response: The successful bidder will, with the assistance of the Department, arrange and setup the telephone listing(s). Currently there are no phone numbers.

Section 3.3.2.3.2.e Page 27

Question 90: LeFleur; Will ambulance claims be submitted directly to the state and not covered in the PMPM rate?

> **Response:** Only if they are transporting a Member in a medical emergency. If a Member needs non-emergency medical transportation, but requires additional medical assistance, these may be reimbursable under the NEMT program.

Section 3.3.2.3.2(g) Page 27

Question 91: TMS; In other states, we provide "urgent care" services on an after-hours basis. Typically, these are non-emergency trips to the beneficiary's home following discharge from a hospital (which can be independently verified) for emergency services. Likewise, after-hours service for previously scheduled transports is available. Offering next day scheduling of trips on an afterhours basis creates two problems: (1) The Broker will likely not be able to confirm any information concerning the medical appointment because the medical provider will be closed (2) Allowing next day scheduling will also create a disincentive for the beneficiaries to schedule trips timely. Would the Department please revise this item to allow for hospital discharge calls and checking/execution of previously scheduled transports only, and eliminating the next day scheduling language?

> **Response:** The RFP will be amended, per Amendment 2 to RFP MED-10-011, to define urgent care as any transportation request less than three business days. It includes Member pick-up from hospitals after discharge or transportation to medical appointments when the physician recommends immediate treatment for the condition.
>
> The amendment will read: "g. Relative to after hours, including after 5:00 PM to 8:00 AM, Monday through Friday and on weekends and holidays, a 24 hour telephone service is required to accommodate scheduling **advance notice and** ~~for next day~~ **urgent care** appointments ~~and/or arrange transportation when the Member has been stranded~~. (Holiday schedules are to be identical to the declared holidays of the State of Iowa.)"

Section 3.3.2.3.2.(i) Page 27

Question 92: Paratransit; "Members shall not incur a charge for placing a call, other than those applicable for local calls." We understand the requirement to provide toll-free long distance numbers for members to call, but with the prevalence of cell phone usage today, can you confirm that the broker will not be responsible for members' cell phone charges? (Even using the toll free number, callers could be charged "minutes" for using their cell phones.)

> **Response:** No, the Broker is not responsible for Member cell phone bills.

Section 3.3.2.3.3 Page 27

Questions 93: LogistiCare; Almost all NEMT programs impose an advance notice requirement for routine reservations requests, e.g., 3 business days. Such notice allows time for efficient prior authorization verification checks and facilitates efficient trip assignment. Would the Department consider adding such a requirement to the Iowa program, which would limit the Broker's responsibility to provide same day or next day service to urgent care situations (such as hospital discharges)?

Response: See response to Question No. 28.

Section 3.3.2.3.3 b Page 28

Question 94: AMR; Most NEMT services support a 2 to 3 day advanced ordering with exceptions for urgent/next day request, which is subject to physician verification. Will the State of Iowa follow a similar process when ordering transportation?

Response: See response to Question No. 28.

Question 95: TMS; Please identify acceptable reasons for same day trip denial

Response: See response to Question No. 28.

Question 96: TMS; Generally, in statewide brokerage contracts as in , for example, Virginia and Kansas, there is a 48 to 72 hour advance reservation notice requirement for Members to schedule trips, unless the trip is of an urgent nature or a discharge from a facility has occurred. This section appears to not only allow same day and next day requests for service, i also mandates 100% compliance. Please confirm that same day and next day trip requests must conform to the "urgent care" standard used nationally in order to be scheduled by the Broker to ensure the broker has adequate time to efficiently schedule trips with Network providers.

Response: See response to Question No. 28.

Question 97: TMS; Appointments: If the Department does mean that all same day and next day transportation requests must be allowed, please clarify how the Broker can confirm all appointments with so little notice?

Response: See response to Question No. 28.

Question 98: TMS; If the Department does mean that all same day and next day transportation requests must be allowed, please clarify how the Broker can quality check all trips prior to execution?

Response: See response to Question No. 28.

Question 99: TMS; If the Department does mean that all same day and next day transportation requests must be allowed, the beneficiary will have no incentive to provide Broker with any advanced notice and may treat NEMT service as a taxicab service. This seems likely to create a wave of complaints when Broker cannot deliver perfect performance with such a difficult objective. Please explain the complaint/grievance procedure that the Broker should use when transports cannot be executed due to short notice?

Response: See response to Question No. 28.

Section 3.3.2.3.3(d) Page 28

Question 100: TMS; In managing over five hundred trips per day, the broker will likely not be aware of all driver substitutions for each transport, and the Broker may have to suspend providers for insurance lapse and/or failures to comply with policies. Will the Department consider amending this item to require either the Broker or transportation provider to notify the beneficiary of driver or provider changes?

Response: Yes. The Department will amend this statement, per Amendment 2 to RFP MED-10-011, to read: "…The ~~Member's~~ **Member and/or their legal respresentative** ~~family and the transportation provider~~ should be notified by the Broker **or the transportation provider on the Broker's behalf,** at least 48 hours in advance of any known changes in drivers or providers.**"**

Section 3.3.2.3.3(e)(1) Page 28

Question 101: TMS; A pick up window of 30 minutes is a narrow window, especially for out of city transport. It will make it difficult for the Broker and providers to account for traffic problems and road congestions which is quite common. Will the Department please allow Broker at least a 1 hour window (30 minutes before and 30 minutes after) during which to execute the pick up?

Response: Yes. The Department will amend this statement, per Amendment 2 to RFP MED-10-011, to read: **"**The Broker will ensure that a Member's wait time for a Network provider is no more than ~~15~~ **30** minutes prior to or ~~15~~ **30** minutes after the scheduled arrival time."

Section: 3.3.2.3.3(e)(3)b Page 28

Question 102: MTM; Would the State consider changing the requirement to 5 minutes past the appointed pick up time? Best practice allows for transportation providers to only wait 5 minutes so they do not run late for other appointments.

Response: The Department will amend this statement, per Amendment 2 to RFP MED-10-011, to: "… and the Network provider has waited at least ~~15~~**10** minutes past the time of scheduled pickup:"

Section: 3.3.2.3.3(e)(3)(b)(2 and 3) Page 28

Question 103: TMS; These requirements appear to be unreasonable. Members are often undergoing medical procedures such as surgeries and treatments during which they are not available to take phone calls. How can the Broker notify the Member of the fact that the vehicle is leaving and that a new pick up time has been scheduled if the Member is inside the facility undergoing their medical appointment? Please clarify.

Response: It is the responsibility of the broker to insure that Members do not miss their return trips related to the transportation arrangements that have been coordinated by the broker. However, section 3.3.2.3.3(e)(3)(b) will be changed, via Amendment 2 to RFP MED-10-011, to accommodate circumstances such as this.

The amendment will read: "2) The Broker must have procedures in place to address the return trip for a Member whose medical appointment or treatment has gone past the time of the scheduled pick-up, and the Network provider has left the pick-up location. ~~The Broker must then notify the Member and schedule the Member's return trip.~~ 3) Upon notification that the Member is available for their return trip, the Broker must make arrangements to have a vehicle available to return to pick up the Member within 45 minutes of the notification. ~~Once the new pick up time is scheduled, the Borker must have transportation available to the Member within 15 minutes of the new requested pick up time.~~"

Question 104: TMS; Will the Department consider revising this section to read, "Once the provider has left the premises, the Broker and/or provider must have a vehicle available to return to pick the Member up within 45 minutes of the Member calling either Broker or provider to notify either that the Member is ready to return home."?

Response: See response to Question No. 103.

Question 105: MTM; Would the State consider changing all pick up and wait times to meet NEMT industry standards of a 30-minute window for scheduled pick ups and a one-hour window for all will call trips.

Response: See responses to Question Nos. 101 and 102.

Section 3.3.2.3.4 Page 29

Question 106: LogistiCare; It is our experience that a 5% abandonment rate in NEMT call center operations is associated with a much shorter average call wait time than this RFP requires. In order to achieve a 5% abandonment rate, average wait time will have to be close to 30 seconds (NCQA standards are 5% and 30 seconds). Since wait time is the essential call center responsiveness measure (abandonment rate is affected by many outside factors beyond the Broker's control) would the Department consider eliminating the abandonment standard or modifying it to make it more compatible with the wait time standard? We suggest that this would require the abandonment standard to be at least 8%.

Response: This performance standard will not be changed.

Question 107: LogistiCare; Is the wait time measure in item d. to be measured on a monthly basis, as in item b? Is compliance with the 95% standard to be measured in the same way?

Response: Yes, the performance standards at 3.3.2.3.4 are to be tracked monthly.

Question 108: LogistiCare; Is the abandonment standard in item a. to be measured on a monthly basis, like item b?

Response: Yes.

Section 3.3.2.3.4(c) Page 29

Question 109: TMS; Please confirm that same day and next day transportation requests must conform to the "urgent care" standards that are used nationally to describe "urgent care" situations. Even so, no NEMT services project that we are aware of anywhere in the United States has ever achieved an objective of requiring Broker to schedule and execute 100% of same day or next day transportation requests. A single beneficiary requesting a 20 mile trip 10 minutes before the appointment would cause the Broker to fail to meet the objective, please reconsider this standard.

Response: Same day and next day transportation requests are considered "urgent care" requests. We are not aware of the national standards, but will discuss them during contract negotiations with the successful bidder.

Question 110: TMS; Please disclose the empirical data and/or market research that the Department has assembled supporting its conclusion that it is possible for Broker to achieve this performance standard. If it has never been done or cannot be done, the Department should explain why it thinks that this is a fair performance measure by which to evaluate the Broker.

Response: The Broker is responsible for accommodating all urgent care requests therefore, the 100% will remain. The Department is not aware of the national standards as

they relate to urgent care requests, but will discuss them during contract negotiations with the successful bidder.

Section 3.3.2.3.4(d) Page 29

Question 111: TMS; A 95% performance standard for pickups not to exceed 15 minutes is somewhat reasonable. As documented above, a pick up window of 30 minutes on either side of the scheduled pick up time is much closer to what is currently in use nationally. However, requiring 100% of all pick-ups to be within 20 minutes of the scheduled pick-up time will require a fleet of extra vehicles to be on-call and available within minutes of a potential late pick up. The additional 5 minutes supplied by the way that this standard has been constructed does not even come close to capturing or evaluating realistically the difficulties that occur when a transportation assignment is missed. This basically requires the Broker to never have a pick up that is more than 20 minutes late, which given the rural character of many of these trips is impossible to achieve. Will the Department please change this performance measure to require that 95% of all pick ups be within 20 minutes of the scheduled pick up time so that we can use a performance measure that it is actually possible for the Broker to achieve?

Response: The Department intends to amend the performance standards, via Amendment 2 to RFP MED-10-011, to correspond to changes/amendments identified in section 3.3.2.3.2 and 3.3.2.3.3.

The amendment will read: "d. The average waiting time for all pickups prior to ~~and after their~~ **a Member's** medical appointment~~s~~ will not exceed **thirty (30)** ~~fifteen (15)~~ minutes 95% of the time ~~and at least 100% of all pick-ups must be within twenty (20) minutes of the scheduled pick-up time~~."

Section 3.3.2.3.4(e) Page 29

Question 112: TMS; Over our careers in the NEMT, we have never seen any transportation company or broker anywhere in the United States reach an objective of 100% on time arrivals for all Members for a time period longer than a matter of days. Will the Department please consider deleting this performance measure entirely and relying on the previous item?

Response: No, it will not be deleted. It may be discussed during contract negotiations with the successful bidder.

Question 113: TMS; Please disclose the empirical data and/or market research that the Department has assembled supporting its conclusion that it is possible for Broker to achieve this performance standard. If it has never been done or cannot be done, the Department should explain why it thinks that this is a fair performance measure by which to evaluate the Broker.

Response: It is the responsibility of the broker to insure that Members do not miss their medical appointments due to delays related to the transportation arrangements that have been coordinated by the broker.

Section 3.3.2.4.2 Page 29

Question 114: AMR; Does the State reimburse the same rate for all transportation providers? If not, what are the criteria used to determine variances? When was the last rate increase given to the transportation providers?

Response: The administrative rules at 441—78.13 were updated effective December 1, 2009 to lower reimbursement to individuals from $.34 per mile to $.30 per mile and to add a cap of $1.40 per mile for reimbursement made to agency transportation providers. Previously, there had been no dollar cap for agency transportation providers included in the Iowa Administrative Code.

Section 3.3.2.4.3 Page 30

Question 115: Paratransit; The timeframe for payment to ride providers is based on receipt by the broker of a "valid claim" form. Does the timeline require that claims are paid within x-number of days of being received by the broker, or x-number of days of being declared "valid" by the broker?

Response: X number of business days of a complete and valid claim.

Question 116: LogistiCare; These provider payment standards (at least as they apply to network providers and volunteer drivers) are inconsistent with the rationale for creating a capitated Brokerage program, which is to achieve budget predictability and improved service by shifting financial and performance responsibility onto a professional management organization. It is contradictory to place this risk and responsibility on the Broker, and then micromanage the Broker's business relationships with its provider network. The providers are not *NEMT customers* who receive services from the Broker, and for whom the Department needs to create service standards. The providers are part of the service *delivery system.* Substituting the Department's judgment for the Broker's judgment of how to most effectively and efficiently manage this network will only raise program costs without improving service quality. For these reasons, we respectfully request that the Department eliminate such mandates that relate to the business aspects of the Broker's relationships with its contracted provider network.

Response: The Department disagrees. The Performance Standard timeframes listed in Section 3.3.2.4.3 are similar to the timeframes that the Department's managed care

contractor (for mental health and substance abuse services) are held to. Those claims and providers are part of the managed care contractor's delivery system.

See RFP MED -09-010, Section 6.7 Claims Payment by the Contractor at the following website: http://bidopportunities.iowa.gov/index.php?pgname=viewrfp&rfp_id=2924

Question 117: LogistiCare; Logisticare currently pays over 1,500 transportation companies twice a month (on the 8th and the 22nd). Practically all clean claims are paid within 22 days. Is it possible that the Payment Performance requirements quoted on this page could be used as a default unless both the Transportation company and the Broker have agreed in writing (via the subcontract agreement) to some mutual payment terms?

Response: The Department will consider this, at the time of contract negotiations with the successful bidder.

Section 3.3.2.5.2 Page 30

Question 118: MTM; Please define material changes? Would the State consider removing the additions, changes to the provider network?

Response: Material changes – changes of such significance that access to services will be affected. This will be at the discretion of the Department to determine, in consultation with the successful bidder. The Department will not remove, "This includes additions and changes to the provider network."

Section 3.3.2.6.2.1 Page 31

Question 119: LogistiCare; We have never seen an NEMT program where the denial of payment to an NEMT provider is included within the definition of "action". We are sure that this definition is not mandated by Medicaid regulations. In all other programs we operate, actions, and their related notice and appeals rights, only apply to member service denials and downgrades. In NEMT programs, no denial of a transportation provider's invoice ever results in the denial of a service request to a member. For these reasons, would the Department consider amending the definition of action to eliminate the third bullet item in this section?

Response: Yes, the Department will remove the definition and bullets for the term "Action", per Amendment 2 of RFP MED-10-011.

The amendment will read:

"~~Action – Can mean any of the following:~~

- ~~Denial or limited authorization of a requested service, including the type or level of service;~~
- ~~Reduction, suspension, or termination of a previously authorized service;~~
- ~~Denial in whole or in part, of payment for a service~~"

Appeal Process – The Broker's process for informing Members ~~/Providers~~ regarding the right to file an appeal with the State Fair Hearing system and the process for doing so.

Grievance, Complaint, and State Fair Hearing System – The overall system in place for Members~~/Providers~~ that includes a grievance or complaint process and access to the State Fair Hearing system.

3.3.2.6.2.5 Access to State Fair Hearing

If the Member~~/Provider~~ disagrees with the resolution of the grievance or complaint by the Broker, the Member/~~Provider~~ may request a state fair hearing. The right to a fair hearing and how to obtain a hearing must be explained to the Member/~~Provider~~ by the Broker.

- The Broker will represent the Department in the State Fair Hearing.

3.3.2.6.2.6 Provider Arbitration

a) Because network transportation providers will not be providers of the Department, the Department will not afford such network providers access to the State Fair Hearing process unless required to do so by law.
b) The Broker shall include a clause in its standard network provider agreement that affords network providers the right to bring disputes to binding arbitration following completion of the Broker's internal grievance process.
c) Binding arbitration shall be conducted free of charge by state staff of the IME. The decision of the state staff arbitrator shall be final and binding on the parties."

Question 120: LogistiCare; Does a member or provider filing a *non-action* complaint have the right to access the State Fair Hearing System? If so, could you please clarify under what circumstance this access must be afforded to them?

Response: Any aggrieved Member, as defined in 441 Iowa Admin. Code section 7.1, may seek an administrative hearing as set forth in 441 Iowa Admin. Code ch. 7.

Section 3.3.2.6.2.2 Page 31

Question 121: LogistiCare; Is there any difference between the terms "complaint" and "grievance" as used in this RFP?

Response: No.

Question 122: TMS; Please confirm that this notice applies only to situations where Broker is attempting to suspend the Member/Provider from active service entirely, not to situations where a Member calls 10 minutes before a 20 mile trip and cannot be accommodated. **Page 34, 4.1.7:** Please verify specifically (by section number) which "RFP Requirements" the vendor shall restate and respond to. Please note that on page 40, in the "Scope of Services" Technical Section chart, only three subsections are noted (3.2.1, 3.3.1 and 3.3.2), covering General Requirements, Implementation, and Operations.

Response: As mentioned in the response to question 120, any "aggrieved Member" may request an administrative hearing. The Department will determine whether to accept the appeal request.

Page 34, 4.1.7: Bidders are to restate and respond to the relevant responsibilities and standards identified under each section. For example: under section 3.2.1 General Requirements, the bidder would need to restate and respond to 3.2.1.2 Performance Reporting and Quality Assurance, 3.2.1.4 Broker Responsibilities, and 3.2.1.5 Performance Standards. You may also wish to provide your idea or concept of the brokerage process here in Iowa.

Section 4.1 and 4.2.

Question 123: MTM; Instructions.

I. Page 34, Section 4.1.7. Would the State consider allowing the bidders to respond in a narrative format as long as all requirements are clearly identified? Section 3 does not lend itself to a question/answer format, as there are no questions.

Response: Bidders are to restate and respond to the relevant responsibilities and standards identified under each section. For example: under section 3.2.1 General Requirements, the bidder would need to restate and respond to 3.2.1.2 Performance Reporting and Quality Assurance, 3.2.1.4 Broker Responsibilities, and 3.2.1.5 Performance Standards.

II. If no, How would the State like bidders to respond to Section 3? Should we begin at 3.1 or 3.2, Scope of Work?

Response: See response to question 123(I).

III. In section 3.2, should the bidder respond to both State and Broker Responsibilities or only Broker Responsibilities?

Response: The Broker Responsibilities.

Section 4.1.2 Page 33

Question 124: LogistiCare; May the Cost Proposal be submitted within the same box as the Technical Proposal, as long as it is in a separately sealed container within that box?

Response: Yes

Section 4.1.3 Page 33

Question 125: LogistiCare; Our proposals for non-page-limited NEMT RFPs such as this one typically involve several hundred pages of text and attachments, which normally require two 3 inch loose-leaf binders, even when pages are double printed. Proposals of this size are not easily bound with comb or spiral type binding. For this reason, would the Department consider allowing proposals to be submitted in loose-leaf binders?

Response: Proposals may be submitted in loose-leaf binders, per Amendment 2 to RFP MED-10-011. However, the Department wishes to see Proposals that are easy to understand and evaluate. (See opening statement in Section 4, page 33).

The RFP will be amended to read: **"**The Technical Proposal and Cost Proposal materials shall be presented in a spiral binder, comb binder, or similar binder ~~(no loose-leaf binders)~~. Each Technical Proposal and Cost Proposal shall be sealed separately."

Section 4.1.4 Page 33

Question 126: LogistiCare; This seems to say that each copy of the proposal has to be placed in its own sealed envelope? Is that correct? If not, please clarify? If so, may the separately enclosed copies be shipped within the same box?

Response: A bid proposal consists of two parts: 1) the Technical Proposal and 2) the Cost Proposal. The Technical Proposal and the Cost Proposal should be placed in separate envelopes. Each bid proposal (consisting of the two parts), should be sealed in another envelope (or box). All bid proposals (Hard copies = 1 original, 7 copies, and 1 redacted copy; Electronic copies = 2 copies and 1 redacted copy) can be shipped within the same box.

Question 127: LeFleur; If space permits, can all seven (7) copies of the technical proposal be included in one sealed envelope marked "copies"?

Response: No. See response to Question No. 126.

Question 128: LeFleur; How many copies of the Cost Proposal must be submitted?

Response: See response to Question No. 126.

Section 4.1.5 Page 33

Question 129: LogistiCare; May the electronic versions of the proposal be submitted on DVD format?

Response: Yes. The RFP will be amended, via Amendment 2 to RFP MED-10-011, to read: "Each electronic copy shall be submitted on CD-ROM **or DVD format**."

Question 130: LeFleur; Do the 3 electronic copies only include the technical proposal?

Response: See response to Question No. 126.

Section 4.1.8 Page 34

Question 131: LogistiCare; Could you please clarify what is meant by "promotional or display materials"? For example, does this include product brochures that provide supplemental information about technology used by the bidder? Does it include favorable articles or studies mentioning the bidder which illustrate points made in the text about bidder capabilities, experience, or performance record?

Response: Bidders are strongly discouraged from submitting extraneous material with their bid proposals, including "favorable articles and studies mentioning the bidder." References to such material can easily be made within proposals without including the source material.

Section 4.2.2 Page 34

Question 132: LeFleur; Please confirm that Attachment C (Subcontractor Disclosure Form) should not be completed for Transportation Providers?

Response: That is correct.

Section 4.2.4 Page 35

Question 133: LogistiCare; By "project management plans" do you mean staffing plan? If not, could you please clarify what is meant by this phrase?

Response: Yes, “project management plans” in this section is referring to staffing plan. Bidders in this section should fully explain their management strategy, including a staffing plan. A staffing plan alone may be viewed as inadequate under the circumstances.

Section 4.2.5 Page 35

Question 134: LogistiCare; This section of the RFP says that merely stating "will comply" *will disqualify* a bidder. However, there are many parts of Section 3 that detail requirements (such as 3.3.2.1.2.1.1 which specifies language to be included in NOD letters) for which it is hard to see what other response might be given. Would the Department consider amending this language to be more flexible? Something like "Merely repeating the requirement and noting the bidder “will comply” or the like, when details could be provided about *how* the proposer will respond to the requirement, may be considered non-responsive and disqualify the bidder." Also, there are several places in Section 3 where information is provided, but no contract requirement is stated (such as 3.3.1.1 which outlines State responsibilities). How does the Department want the proposer to respond to those sections?

Response: Bidders must explain how they plan to approach each requirement. In this RFP, the requirements are referred to as “Broker Responsibilities”. Bidders do not respond to “State Responsibilities”. In nearly all respects, bidders should be able to provide some detail of how the bidder will comply with the stated requirements.

Section 4.2.6.1.1 Page 35

Question 135: LogistiCare; Is this section asking only for current contracts/projects?

Response: No. The verb “has provided” and the requirement to submit information about current contracts without question requires bidders to submit information about both current and former contracts.

Section 4.2.6.2.1 Page 35

Question 136: LogistiCare; Our company is wholly owned by a publicly traded corporation. Should we understand the term "executives" to refer to our own key executives, as opposed to the executives of our parent corporation? Since we are wholly owned by a corporation, whose stock is widely owned by many individuals and organizations, may we understand the requirement to discuss the "credentials" of our "owners" to mean that we should discuss the qualities and experience of our parent organization?

Response: The focus of Section 4.2.6.2 is on the executives who will be directly involved with the performance of this contract. However, tables of organization of any larger corporate structure should be identified. The question should not be read to include stock holders of publicly-held organizations.

Section 4.2.6.1.3 Page 35

Question 137: LogistiCare; Are there any content requirements for these letters of reference, other than the reference person's name and phone number? Will the letters themselves be scored, or will scoring be based on telephone interviews with the contacts?

Response: There are no content requirements, and the letters can be taken into consideration as part of the evaluation process.

Section 4.2.6.2.3 Page 36

Question 138: LogistiCare; Due to the placement within a "personnel" section, this language is hard to understand. What "other projects" are being referred to? Other than what? Should this section be eliminated?

Response: This provision of the RFP will be removed, per Amendment 2 to RFP MED-10-011.

The amendment will read: "~~4.2.6.2.3 Describe other contracts and projects currently undertaken by the bidder.~~"

Section 4.2.6.3 Page 36

Question 139: LogistiCare; For the requirement to submit audited financial statements, can these be for a corporate parent if that is the only entity that is audited? If not, can a subsidiary of a public entity submit unaudited statements if no audit is performed on the subsidiary?

Response: If the subsidiary will be the actual entity signing the contract and providing services pursuant to this RFP, then the subsidiary should submit both the parent's audited financials and the subsidiary's unaudited financials.

Section 4.2.6.3.1 Page 36

Question 140: LogistiCare; Our parent company only produces audited financial statements for the whole organization, not for each component subsidiary. Since our parent company is financially responsible for all our contract obligations, may we provide the audited financial statements of our parent organization?

Response: See the response to Question No. 139.

Section 4.2.6.3.3 Page 36

Question 141: LogistiCare; Please clarify what is meant by "insurance claims filed"? Do you mean filed by us, or filed against us, or both?

Response: Both.

Section 5.4.2 Page 40

Question 142: LogistiCare; It seems that the cost scoring is normalized (high scorer receives maximum points), but the technical scoring is not. In order for the final scores to be weighted 75% Tech to 25% Cost, which seems to be the intent of the RFP, the technical scoring will need to be normalized too. (e.g. if the highest scorer only got 400 technical points and was also the low bidder, its final score would be weighted 66% tech and 33% cost)

Response: By the same token, if a bidder was so bad that the bidder received no points on technical but had the lowest costs, then 100% of that bidder's score would be attributed to cost. To apply the bidder's comment, the bidder with the lowest cost would always receive at least 75% of the available technical score, regardless of how bad the technical bid was, which is a completely illogical approach. The Department will not change its scoring methodology.

Attachment E Page 49

Question 143: TMS; The first bullet point states "the bid proposal has been developed independently, without consultation, communication or agreement with any employee or consultant of the Department who has worked on the development of this RFP, or with any person serving as a member of the evaluation committee". Please provide a list of consultants and department employees who created the RFP and the evaluation committee members.

Response: The Department does not identify evaluation committee members prior to the successful bidder being identified at the end of the RFP process. As noted in prior answers, bidders should not contact any Department of Human Services staff other than the Issuing Officer while this RFP is pending.

Attachment F Page 53

Question 144: LeFleur; Do these insurance requirements apply to the Broker and all subcontracted transportation providers?

Response: Note the prior answers concerning the distinction between "subcontractors" and the broker's transportation provider panel. The insurance requirements apply to the Broker and any subcontractor. As an example, a company hired by the broker to operate a call center would be a subcontractor. A member of the broker's panel would need to assure that transportation is being provided in vehicles that have adequate proof of financial responsibility as required by Iowa law or another state's law if the vehicle is registered in another state.

Attachment G Page 81

Question 145: LogistiCare; The attachment provides the number of claims, however there must be multiple trip legs included since the projected cost per claim appears to be $88.66 for 2009 ($7,801,701/87,999 claims); $96.04 for 2010 and $102.37 for 2011. Can the Department provide the number of one way trips by level of service that was used to develop these projections?

Response: See RFP Section 3.1.1.1, "During SFY09, there were 349,407 Medicaid members eligible for the NEMT program. Of these, approximately 4,614 individuals were reimbursed, on average, each month for NEMT. Currently the IME does not have a system to track the actual number of Members who have benefited from the NEMT program. The number of people reimbursed for transportation and claims paid each month are the **only items tracked**." (emphasis added)

Question 146: LogistiCare; Since the projected costs per claim may be independent from trip volume projections, can the Department explain the reason for the projected unit cost increase over the three years? Is there a planned fee schedule increase calculated into these projections?

Response: Prior to December 1, 2009, the Department's only restriction on reimbursement to transportation agencies were their billed charges, subject to the charges that would be made by the most economical available source of public transportation. The Department is aware of numerous instances where transportation agencies billed at rates that were excessive and did not meet the requirements of the administrative rules at 441—78.13. The unit cost increases are more than likely attributable to these factors. The Department hasn't historically used a fee schedule to pay transportation agencies or individuals. The administrative rules were updated effective December 1, 2009 to add a cap of $1.40 per mile for reimbursement made to agency transportation providers and to lower reimbursement to individuals from $.34 per mile to $.30 per mile.

Question 147: LogistiCare; Can the Department provide a copy of the latest Medicaid fee schedule used to pay transportation companies?

Response: The Department hasn't historically used a fee schedule to pay transportation companies (agencies). Prior to December 1, 2009, the Department reimbursed

transportation agencies their billed charges, subject to the charges that would be made by the most economical available source of public transportation. In addition, the administrative rules at 441—78.13 were updated effective December 1, 2009 to add a cap of $1.40 per mile for reimbursement made to agency transportation providers.

Question 148: LogistiCare; Are any companies paid "negotiated rates" not according to the Medicaid Fee Schedule?

Response: The Department hasn't historically used a fee schedule to pay transportation companies (agencies). Prior to December 1, 2009, the Department reimbursed transportation agencies their billed charges, subject to the charges that would be made by the most economical available source of public transportation. In addition, the administrative rules at 441—78.13 were updated effective December 1, 2009 to add a cap of $1.40 per mile for reimbursement made to agency transportation providers.

Question 149: LogistiCare; When was the last Medicaid fee schedule adjustment?

Response: The administrative rules at 441—78.13 were updated effective December 1, 2009 to lower reimbursement to individuals from $.34 per mile to $.30 per mile and to add a cap of $1.40 per mile for reimbursement made to agency transportation providers. Previously, there had been no dollar cap for agency transportation providers included in the Iowa Administrative Code.

Question 150: LogistiCare; Can you please provide us with the number of unduplicated users of the program, calculated on an annual basis, by year? Although you provide an average monthly count of members served, these may be the same users month to month or there may be a large turnover in the user group.

Response: See RFP Section 3.1.1.1, "During SFY09, there were 349,407 Medicaid members eligible for the NEMT program. Of these, approximately 4,614 individuals were reimbursed, on average, each month for NEMT. Currently the IME does not have a system to track the actual number of Members who have benefited from the NEMT program. The number of people reimbursed for transportation and claims paid each month are the **only items tracked**." (emphasis added)

Additional Questions: MTM

Question 151: Can you provide additional detail of the claims paid for the last two state fiscal years, by month?

I. Number of claims paid to for-profit transportation providers - dollar amount paid, number of miles driven, number of trip legs
II. Number of claims paid to reimburse members for mile driven – dollar amount paid, number of miles driven, number of trip legs

III. Number of claims paid to volunteers – dollar amount paid, number of miles driven, number of trip legs
IV. Number of claims paid for public transit (bus or fixed route) – dollar amount paid, number of miles, number of trips
V. Number of claims paid for meals and lodging – dollar amount paid, number of instances (trips)
VI. Number of claims paid for non-profit/NGO – dollar amount paid, number of miles, number of trips

Response: See RFP Section 3.1.1.1, "During SFY09, there were 349,407 Medicaid members eligible for the NEMT program. Of these, approximately 4,614 individuals were reimbursed, on average, each month for NEMT. Currently the IME does not have a system to track the actual number of Members who have benefited from the NEMT program. The number of people reimbursed for transportation and claims paid each month are the **only items tracked**." (emphasis added)

Question 152: Can you provide a breakdown of long distance miles by type of claim:

VII. Number of claims paid to transportation providers for individual trips of:
a) 25 to 50 miles
b) 51 to 100 miles
c) Over 100 miles
VIII. Number of claims paid to reimburse members for individual trips of:
a) 25 to 50 miles
b) 51 to 100 miles
c) Over 100 miles
IX. Number of claims paid to volunteers for individual trips of:
a) 25 to 50 miles
b) 51 to 100 miles
c) Over 100 miles

Response: See RFP Section 3.1.1.1, "During SFY09, there were 349,407 Medicaid members eligible for the NEMT program. Of these, approximately 4,614 individuals were reimbursed, on average, each month for NEMT. Currently the IME does not have a system to track the actual number of Members who have benefited from the NEMT program. The number of people reimbursed for transportation and claims paid each month are the **only items tracked**." (emphasis added)

Question 153: Can you provide the name of transportation providers and the dollar amount paid, by month or by year?

Response: See attachment "Addendum One to First Round Questions, Historical NEMT Expenditures"

Question 154: Please provide total number of trips by mode of transportation (i.e., public transit, ambulatory, etc.).

Response: See RFP Section 3.1.1.1, "During SFY09, there were 349,407 Medicaid members eligible for the NEMT program. Of these, approximately 4,614 individuals were reimbursed, on average, each month for NEMT. Currently the IME does not have a system to track the actual number of Members who have benefited from the NEMT program. The number of people reimbursed for transportation and claims paid each month are the **only items tracked**." (emphasis added)

Question 155: Will the bidder be responsible for transporting only to covered medical services or will some populations receive transportation to Medicaid approved social service programs?

Response: Iowa's non-emergency medical transportation program is to comply with federal regulations at 42 CFR 440.170(a), "Transportation includes expenses for transportation and other related travel expenses determined to be necessary by the agency to secure **medical examinations and treatments** (emphasis added) for a recipient."

Question 156: Providers were paid a capped rate of $1.40 per mile effective December 1, 2009. What rates were they paid per mile in SFY 07, SFY 08, and SFY 09?

Response: Previously, there had been no dollar cap for agency transportation providers included in the Iowa Administrative Code. Prior to December 1, 2009, the Department reimbursed transportation agencies their billed charges, subject to the charges that would be made by the most economical available source of public transportation.

Question 157: Was the $1.40 per mile a loaded mile?

Response: The $1.40 is a "per Member, per mile" rate.

Question 158: Are daycare programs and/or mental health facilities which have their own vehicles able to perform trips under this contract and receive payment from the broker?

X. If yes, what rate did the State pay these providers?

Response: No.

Question 159: How many no-shows and cancellations are there each year? How is this reflected in the trip data?

Response: The current system is not operated through the use of reservations, so no-shows and cancellations don't occur.

Question 160: Will the State provide a list of all of the current transportation providers who have invoiced the State over the last 3 years?

Response: See attachment "Addendum One to First Round Questions, Historical NEMT Expenditures"

Question 161: Is the bidder responsible for monitors or escorts?

Response: Yes, the bidder will be responsible for reimbursement of the transportation expenses of an attendant, if one is necessary.

Additional Questions: LeFleur

Question 162: Will the State provide the bidders with a list of all current NET providers?

Response: See attachment "Addendum One to First Round Questions, Historical NEMT Expenditures"

Question 163: To ensure proposers fully disclose negative information which would impact their qualifications and/or the evaluation of their qualifications, we would like to request that the RFP be amended. We ask that it require proposers to fully disclose certain serious negative contract problems, for themselves as well as their principles and affiliates, at least for contracts or potential contracts in the last seven years, which we feel should include at a minimum:

- Any investigative or audit or similar findings or charges of proposer or proposal principles' fraud, malfeasance, anti-trust violation, civil violation, violation of transportation regulations, criminal activity or fine including those agreed to by settlement;
- Contracts with any formal cure notices to cure or formal audit findings concerning contractor deficiencies;
- Contracts terminated for convenience either by the contractor or at the contractor's request;
- Contracts where the contractor requested that option periods not be exercised, excepting options periods that required mutual agreement;
- Contracts where costs were renegotiated during the contract term at contractor's bequest.
- Detailed information on all proposer lawsuits for issues pertaining to contract performance, payments, or other obligations under the prime contract agreement.
- Detailed information on all proposer lawsuits for issues pertaining to contract performance, payments, or other obligations under agreements to transportation subcontractors.

Response: The RFP and contract language were reviewed by the Iowa Attorney General's Office prior to publication and the Department has relied on their counsel with regard to disclosures that are included.

Additional Questions: AMR

Question 164: Are any benefit changes anticipated or under consideration that may impact utilization under this program?

Response: See response to Question No. 31a.

Question 165: Can the State provide data on current staffing levels used to support the NEMT program? If yes, can you describe what those staff duties are?

Response: In January 2010, there were approximately 704 Income Maintenance Workers (IMW) in local (County) DHS offices throughout the State of Iowa. Medicaid Members submit transportation claim forms to their assigned IMW for reimbursement. The IMW reviews the claims, verifies the medical trip took place (the form provides for a signature of the medical provider) and the miles driven, and then processes the claims for reimbursement. It is not known what portion of an IMW's time each business day corresponds to processing NEMT claims, nor is it known what systems resources are required.

The NEMT reimbursements for both individuals and for transportation agencies process through the State's I/3 accounting system. Transportation agencies send their claims directly to the DHS Fiscal Management Division for processing (as a State of Iowa vendor payment).

State warrants are produced by the Department of Administrative Services (DAS), which is the State agency responsible for processing all State of Iowa vendor payments and payments to individuals. Once produced, the warrants are sent to staff in the DHS Fiscal Management Division for mailing. It is not known what systems resources or staff time corresponds to processing claims, producing State warrants, and mailing the warrants for the NEMT claims.

If the Department is able to provide additional information regarding staffing levels, it will be made available at the time that responses to the second round of questions is released.

Question 166: What call center stats, such as number of calls, call duration, approvals and denials will be provided to support bids under this RFP?

Response: The Department doesn't currently operate a call center for NEMT, so there are no stats to provide.

Question 167: What is the number of trips for each level of service currently provided in each of the past two years? What is the average miles per trip within each level of service provided in

each of the past two years? What is the total spending for each level of service in each of the past two years?

> **Response:** See RFP Section 3.1.1.1, "During SFY09, there were 349,407 Medicaid members eligible for the NEMT program. Of these, approximately 4,614 individuals were reimbursed, on average, each month for NEMT. Currently the IME does not have a system to track the actual number of Members who have benefited from the NEMT program. The number of people reimbursed for transportation and claims paid each month are the **only items tracked**." (emphasis added)

Additional Questions: LogistiCare

Question 168: Can the Department please provide us the following information about monthly service utilization over the past year? Completed trips by level of service, eligible members, trip cost by level of service, trip counts by zip code origin and destination (separate count for each origin and destination pair)?

> **Response:** See RFP Section 3.1.1.1, "During SFY09, there were 349,407 Medicaid members eligible for the NEMT program. Of these, approximately 4,614 individuals were reimbursed, on average, each month for NEMT. Currently the IME does not have a system to track the actual number of Members who have benefited from the NEMT program. The number of people reimbursed for transportation and claims paid each month are the **only items tracked**." (emphasis added)

Question 169: Can you provide us with contact information and annual trip (or claims) volumes for current NEMT providers?

> **Response:** See attachment "Addendum One to First Round Questions, Historical NEMT Expenditures"

Question 170: Are NEMT payment rates uniform for all NEMT providers for a given class of service? Could you please provide us the current NEMT rate structure(s)?

> **Response:** The administrative rules at 441—78.13 describe the payment rates for non-emergency medical transportation providers. Effective December 1, 2009 reimbursement to individuals was lowered from $.34 per mile to $.30 per mile and a cap of $1.40 per mile was added for reimbursement made to agency transportation providers. Previously, there had been no dollar cap for agency transportation providers included in the Iowa Administrative Code. Prior to December 1, 2009, the Department reimbursed transportation agencies their billed charges, subject to the charges that would be made by the most economical available source of public transportation.

Question 171: Has the Department created any analysis showing the administrative cost that it has incurred internally in administering this program annually, e.g., for example, any staff member, system processing, provider reimbursement, etc.? If so, can the Department please share the analysis?

Response: See the response to Question No. 165.

Additional Questions: TMS

Question 172: Please provide appropriate contact information for all current Network Providers.

Response: See attachment "Addendum One to First Round Questions, Historical NEMT Expenditures"

Question 173: Please provide the number of one-way trips provided in Fiscal Year 2007-2009 that were ambulatory, non-ambulatory, stretcher trips, and any other categories available.

Response: See RFP Section 3.1.1.1, "During SFY09, there were 349,407 Medicaid members eligible for the NEMT program. Of these, approximately 4,614 individuals were reimbursed, on average, each month for NEMT. Currently the IME does not have a system to track the actual number of Members who have benefited from the NEMT program. The number of people reimbursed for transportation and claims paid each month are the **only items tracked**." (emphasis added)

Question 174: Please provide the number of bus passes or bus tokens issued in Fiscal Year 2007-2009.

Response: See RFP Section 3.1.1.1, "During SFY09, there were 349,407 Medicaid members eligible for the NEMT program. Of these, approximately 4,614 individuals were reimbursed, on average, each month for NEMT. Currently the IME does not have a system to track the actual number of Members who have benefited from the NEMT program. The number of people reimbursed for transportation and claims paid each month are the **only items tracked**." (emphasis added)

Question 175: Please provide claims information for all travel related expenses in Fiscal Year 2007-2009.

Response: See attachment "Addendum One to First Round Questions, Historical NEMT Expenditures"

Question 176: Please provide the number of miles (or average trip length) for all one-way trips in Fiscal Year 2007-2009 that were ambulatory, non-ambulatory and stretcher trips, and any other categories.

Response: See RFP Section 3.1.1.1, "During SFY09, there were 349,407 Medicaid members eligible for the NEMT program. Of these, approximately 4,614 individuals were reimbursed, on average, each month for NEMT. Currently the IME does not have a system to track the actual number of Members who have benefited from the NEMT program. The number of people reimbursed for transportation and claims paid each month are the **only items tracked**." (emphasis added)

Question 177: Please provide the major trip generators or major population centers for the claims for Fiscal Year 2009.

Response: See RFP Section 3.1.1.1, "During SFY09, there were 349,407 Medicaid members eligible for the NEMT program. Of these, approximately 4,614 individuals were reimbursed, on average, each month for NEMT. Currently the IME does not have a system to track the actual number of Members who have benefited from the NEMT program. The number of people reimbursed for transportation and claims paid each month are the **only items tracked**." (emphasis added)

Question 178: How many vehicles and of what type and capacities are currently needed for the trip demand levels by county?

Response: This is the responsibility of the successful bidder to determine.

Question 179: What is the current method of storing client and trip information and will this historical information be available to the contractor for the last few months on contract award? What file format is it in? Also is any existing software available to contractor and if so what software is provided?

Response: Income Maintenance Workers maintain hard copies of the individual claims information in the case file of the Medicaid Member and DHS Fiscal Management staff maintain claim forms submitted by transportation agencies seeking reimbursement for transportation expenses. This information will be made available, only to the extent that the successful bidder chooses to peruse hundreds of individual claims in hard copy.

Question 180: Please provide or estimate the number of positions that are currently operating the administrative portion of the services outlined in the RFP today.

Response: In January 2010, there were approximately 704 Income Maintenance Workers (IMW) in local (County) DHS offices throughout the State of Iowa. Medicaid Members submit transportation claim forms to their assigned IMW for reimbursement. The IMW reviews the claims, verifies the medical trip took place (the form provides for a signature of the medical provider) and the miles driven, and then processes the claims for reimbursement. It is not known what portion of an IMW's time each business day corresponds to processing NEMT claims, nor is it known what systems resources are required.

The NEMT reimbursements for both individuals and for transportation agencies process through the State's I/3 accounting system. Transportation agencies send their claims directly to the DHS Fiscal Management Division for processing (as a State of Iowa vendor payment).

State warrants are produced by the Department of Administrative Services (DAS), which is the State agency responsible for processing all State of Iowa vendor payments and payments to individuals. Once produced, the warrants are sent to staff in the DHS Fiscal Management Division for mailing. It is not known what systems resources or staff time corresponds to processing claims, producing State warrants, and mailing the warrants for the NEMT claims.

If the Department is able to provide additional information regarding staffing levels, it will be made available at the time that responses to the second round of questions is released.

Question 181: Many proposers do not fully disclose negative information which would impact their qualifications and/or the evaluation of their qualifications. Based on this, we would like to request that the RFP be amended to require proposers to fully disclose certain serious negative contract problems, for themselves as well as their principles and affiliates, at least for contracts or potential contracts in the last seven years, which we feel should include at a minimum:

a. Any investigative or audit or similar findings or charges of proposer or proposal principle's fraud, malfeasance, anti-trust violation, civil violation, violation of transportation regulations, criminal activity or fine including those agreed to by settlement;
b. Contracts with any formal cure notices to cure or formal audit findings concerning contractor deficiencies;
c. Contracts concluded prior to expiration by termination, negotiation or settlement;
d. Contracts terminated for convenience either by the contractor or at the contractor's request;
e. Contracts where the contractor requested that option periods not be exercised, excepting options periods that required mutual agreement;
f. Contracts where costs were renegotiated during the contract term at contractor's bequest.
g. Detailed information on all proposer lawsuits for issues pertaining to contract performance, payments, or other obligations under the prime contract agreement or under agreements to transportation subcontractors.

Response: The RFP and contract language were reviewed by the Iowa Attorney General's Office prior to publication and the Department has relied on their counsel with regard to disclosures that are included.

h. Does Iowa sales tax apply to purchased transportation services?

Response: No

Question 182: There are several references throughout the document stating that the Department intends to change the Iowa Administrative Code to remove certain items (specifically, page 29, Section 3.3.2.4.2 Broker Responsibilities). Regarding this process:

a. Please outline the proposed process that will take place and the expected time frames for completion.

b. Please provide the detailed strike through and underline text of the proposed Iowa Code.

Response: See Addendum Two to First Round Questions

c. If the code is not finalized prior to the start date for services, will the broker be bound by the current code language?

Response: Yes.

Addendum One to First Round Questions

Historical NEMT Expenditures

State Fiscal Year 2007	
Individuals	$4,765,304.25
Agencies	$1,175,088.41
Other Ledger Adjustments	($587,994.61)
TOTAL	$5,352,398.05

State Fiscal Year 2008	
Individuals	$5,185,917.60
Agencies	$1,409,716.13
Other Ledger Adjustments	$165,129.05
TOTAL	$6,760,762.78

Addendum One to First Round Questions

Historical NEMT Expenditures

State Fiscal Year 2009		
Individuals		$6,023,290.49
AGENCIES		
Air Ambulance Specialists		$18,750.00
Area XIV Agency on Aging	215 E. Montgomery Creston, IA. 50801-2551	$72,782.70
Benton County Treasurer	Courthouse 111 E. 4th St. Vinton, IA. 52349	$70.00
Community Care, Inc.	108 E. Industrial St. Dewitt, IA. 52742 (319) 677-2231	$8,731.98
Evangelical Lutheran	606 S. 7th St. Forest City, IA. 50436	$93.97
Faith in Action	P.O. Box 21 Hamburg, IA. 51640 Or P.O. Box 604 Sidney, IA. 51652	$15,499.74
Faith, Hope, and Charity	P.O. Box 243 Storm Lake, IA. 50588	$499.72
Family House	5301 5th Ave. Pittsburgh, PA. 15232	$790.00
G & G Living Centers		$32.10
Handivan Transportation		$878.00
Home Care Services	2360 Nantucket Rd. Adel, IA. 50003-8281	$54,619.16
Hope Haven	1800 19th St. Rock Valley, IA. 51247	$741.10
Ida Services	P.O. Box 16 Battle Creek, IA. 51006-0016	$3,225.75
Jones Co. Treasurer	500 Main St., P.O. Box 79 Anamosa, IA. 52205 (319) 462-3559	$2,218.90
Lifer Transportation (William Lifer)	1585 F Ave. Perry, IA. 50220 (515) 371-6811	$529,433.22

Link-Up Enterprises		$6,871.88
Medivac Corporation	812 Cyclone, P.O. Box 348 Harlan, IA. 51537	$6,089.75
Nebraska Medical Center		$14,389.21
Northeast IA Community Action	P.O. Box 487 Decorah, IA. 52101	$388,632.86
Region Xii Council of Governments	Attn: Roy Johnson 1009 E. Anthony, P.O. Box 768 Carroll, IA. 51401 (712) 792-9914	$168,462.98
Regional Transit Authority	522 10th Ave., P.O. Box 1240 Spencer, IA. 51301 (712) 262-7920 (800) 358-5037	$94,864.00
Ronald McDonald House		$2,025.00
Southeast IA Regional Planning Commission	200 Front St., Suite 400 P.O. Box 397 Burlington, IA. 52601	$3,656.25
Siouxland Regional Transit System	Attn: Karen Clayton 1122 Pierce St. P.O. Box 1077 Sioux City, IA. 51105-1452 (712) 279-6919	$46,700.30
Southwest IA Planning Council	1501 SW 7th St. Atlantic, IA. 50022 (712) 243-4196	$101,019.41
Ten-Fifteen Regional Transit System	2417 S. Emma Ottumwa, IA. 52501 (641) 683-0608 (641) 683-0695	$73,229.10
Washington Co. Ambulance	P.O. Box 371 Washington, IA. 52353	$60.00
Washington Co. Minnie Bus	1010 W. 5th St. Washington, IA. 52353	$14,834.96
Wheelchair Express, Inc.		$898.25
Sub-Total		$1,630,100.29
Other Ledger Adjustments		$148,310.90
	TOTAL	$7,801,701.68

Addendum One to First Round Questions

Historical NEMT Expenditures

State Fiscal Year 2010*	
Individuals	$3,878,832.13
AGENCIES	
Area XIV Agency on Aging	$48,640.44
Community Care, Inc.	$2,008.16
Faith in Action	$4,462.50
Home Care Services	$40,810.92
Hope Haven	$967.60
Ida Services	$1,307.44
Lifer Transportation	$262,875.25
Link-Up Enterprises	$7,716.90
Medivac Corporation	$956.00
Nebraska Medical Center	$2,425.65
Northeast IA Community Action	$376,105.71
Peoples Express	$1,524.40
Region Xii Council of Governments	$121,895.56
Regional Transit Authority	$73,801.74
Southeast IA Regional Planning Commission	$963.90
Siouxland Regional Transit System	$29,331.00
Southwest IA Planning Council	$101,664.70
Ten-Fifteen Regional Transit System	$40,064.48
Washington Co. Minnie Bus	$11,985.00
Wheelchair Express, Inc.	$1,035.55
Sub-Total	$1,131,144.70
Other Ledger Adjustments	($194,671.44)
TOTAL	$4,815,305.39

*Paid claims through February 2010.

Addendum Two to First Round Questions

DRAFT Rules 441—78.13

Item 1

Amend 7.1 as follows:

441—7.1(17A) Definitions.

…

"Aggrieved person" means a person against whom the department has taken an adverse action. This includes a person who meets any of the following conditions:

…

3. For medical assistance, healthy and well kids in Iowa, IowaCare, family planning services, and waiver services, a person (see numbered paragraph "7" for providers):

- Whose request to be given an application was denied.
- Whose application has been denied or has not been acted on in a timely manner.
- Who has been notified that level of care requirements have not been met.
- Who has been aggrieved by a failure to take into account the appellant's choice in assignment to a coverage group.
- Who contests the effective date of assistance, services, or premium payments.
- Who contests the amount of health insurance premium payments, healthy and well kids in Iowa premium payments, Medicaid for employed people with disabilities premium payments, IowaCare premium payments, or the spenddown amount under the medically needy program.
- Who contests the amount of client participation.
- Whose claim for payment or prior authorization has been denied.
- Who has been notified that the reconsideration process has been exhausted and who remains dissatisfied with the outcome.
- Who has received notice from the medical assistance hotline that services not received or services for which an individual is being billed are not payable by medical assistance.
- Who has been notified that there will be a reduction or cancellation of assistance or waiver services.
- Who has been notified that an overpayment of benefits has been established and repayment is requested.
- <u>Who has been denied requested nonemergency medical transportation services by the broker designated by the department, pursuant to 78.13, and has exhausted the grievance procedures established by the broker pursuant to 78.13(7).</u>

Addendum Two to First Round Questions

DRAFT Rules 441—78.13

Item 2

Replace 78.13 with the following:

78.13 Nonemergency Medical Transportation. Nonemergency transportation to receive medical care will be provided through the broker designated by the department pursuant to a contract between the department and the broker, as provided in this rule.

78.13(1) Transportation will be provided only if needed to receive necessary services covered by the program from an enrolled provider, including transportation needed to obtain prescribed drugs.

78.13(2) Transportation will be provided only if the member does not have access to transportation that is available at no cost to the member, such as transportation provided by volunteers, relatives, friends, social service agencies, nursing facilities, residential care centers, or any other source. EXCEPTION: Transportation will be provided to obtain prescribed drugs even if free delivery is available, if the drug is needed immediately.

78.13(3) Transportation beyond 20 miles (one way) will be provided only to the closest qualified provider unless:

a. The difference between the closest qualified provider and the provider requested by the member is less than 10 miles (one way).

b. The additional cost of transportation to the provider requested by the member is medically justified based on a previous relationship between the member and the requested provider, prior experience of the member with closer providers, or special expertise or experience of the requested provider.

78.13(4) The broker shall provide the most economical form of transportation appropriate to the needs of the member. The broker may require that public transportation be used when reasonably available and the member's condition does not preclude its use.

78.13(5) In the case of a member who is unable to travel alone due to age or incapacity (physical or mental), the broker will provide for the expenses of an attendant.

78.13(6) The broker will provide for meals, lodging, and other incidental transportation expenses required in connection with transportation provided under this rule, for the member and any attendant provided pursuant to paragraph (6).

78.13(7) Pursuant to its contract with the department, the broker shall establish an internal grievance procedure for members and transportation providers. Members who have exhausted the grievance process may appeal to the department pursuant to chapter 7 as an "aggrieved person." For transportation providers, the grievance process shall end with binding arbitration, with a designee of the Iowa Medicaid Enterprise as arbitrator.